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ORIGINAL DEPARTMENT.

Communications.

CASES SELECTED

FROM

PROFESSOR FLINT'S MEDICAL CLINICS

At the Long Island College Hospital, Session of 1864.

Reported by Alex. J. C. Skene, M. D.,

Clinical Assistant to the Chair of Pathology and Practical Medicine.

CASE IV. ORGANIC CARDIAC DISEASE. LESIONS OF THE AORTIC VALVES WITH HYPERTROPHY OF THE HEART.

History. Miss P., æt. 25 years, had acute inflammatory rheumatism two years ago. After recovering she enjoyed good health until about one year ago, when she began to suffer from a cough, dyspnoea and palpitation of the heart. Those symptoms have been gradually increasing and she has lost flesh and strength.

For some time she has been under treatment for phthisis having been led to believe that she had that disease.

Present Condition. May 3d. The pulse at the wrist is feeble; the appetite and digestion normal. She has a dry husky cough which is very much increased by excitement or exercise. There is very little expectoration. The patient is pale, tremulous, and easily excited. There is visible pulsation of the carotid arteries. On the right side above the clavicle, the pulsations are very marked, resembling that of an aneurism.

Examination of the Chest. There is no apparent deformity of the thorax. There are no physical signs of any organic disease of the respiratory organs. Palpitation shows that the impulse of the heart is exaggerated. The pulsations of the heart are also apparent on inspection. The impulse of the apex-beat of the heart is most marked in the sixth intercostal space on the linea mammalis. Percussion shows that the superficial cardiac space is enlarged.

There is a murmur heard at the second inter-

costal space on the right of the sternum, with the first sound of the heart.

There is another murmur heard, at the same place, with the second sound. Both murmurs are propagated along the course of the carotid arteries, but they are not heard at the lower part of the thorax, nor at the left side. The mitral tricuspid and pulmonic semilunar valve-sounds are normal.

Treatment. The patient was recommended to avoid over exertion, mental or physical, but to take moderate exercise and observe all the hygienic measures which tend to improve the general health and strength. Prescribed the following tonic:

R. Tinct. ferri chlor.	℥j
Quiniae sulph.	gr. xx
Acidi sulph. dilut.	q. s.
Aque	℥iij M.

Teaspoonful to be taken three times daily.

Progress of the Case. June 4th. The tonic course of treatment has been continued since May 3d, no changes having been made except that the form of the chalybeate has been varied from time to time. The patient reports now that she is improved a little; the cough is less troublesome and she is stronger. Her appetite has improved and she rests better. The palpitation of the heart continues the same.

July 28th. The patient is now entirely free from pulmonary symptoms, and suffers but little from the cardiac affection.

Commentary. In making the diagnosis in this case, it was necessary to give close attention to the respiratory organs in order to ascertain if the cough was caused by any organic pulmonary disease. By employing percussion and auscultation, evidence was obtained that the lungs were normal. In directing attention to the heart, it was found that the space occupied by that organ was abnormally large. The question then to be settled was whether the enlargement was due to hypertrophy, dilatation or the distention of the pericardium with fluid. If the enlargement was due to the presence of fluid in the pericardial sac the apex-beat of the

heart would probably be suppressed but in this case the impulse of the heart is abnormally intense.

Were the cavities of the heart dilated so as to increase the size of it that organ would act feebly; the impulse of the apex-beat and the valve sounds, on the dilated side, would be diminished in intensity. In this case they are increased in intensity so that pericardial effusion and dilatation may be excluded, and hypertrophy taken as the condition indicated by the physical signs.

In hypertrophy one or both sides of the heart may be enlarged, and it is desirable to ascertain the seat and extent of the enlargement. Lesions of certain valves give rise to enlargement of certain parts of the heart and by ascertaining the affected valves we obtain a guide to the location of the hypertrophy.

Lesions of the aortic orifice, involving obstruction and regurgitation, give rise to hypertrophy, first of the left ventricle and then of the left auricle. Mitral obstruction and regurgitation lead to enlargement of the left auricle and then of the right ventricle. When there is hypertrophy of the right ventricle, the pulmonic second sound is increased in intensity, and when compared with the aortic sound, it will be found to be loudest, which is the reverse of what obtains in health, hence it is a valuable sign of the lesion.

Hypertrophy of the left ventricle would give rise to exaggerated intensity of the aortic second sound were it not for the aortic lesions, but these lesions existing, the aortic second sound is weakened in proportion as the valves are damaged. The diagnosis of hypertrophy of the left ventricle is made by means of physical signs, which indicate the existence of enlargement with aortic lesions, and by negative evidence which shows that the right ventricle is normal.

The cough in this case is caused by pulmonary congestion. Valvular lesions generally induce pulmonary engorgement, and bronchitis is apt to become developed. In this form of cardiac disease, *i. e.*, where there are lesions of the aortic valves giving rise to regurgitation there is generally more pain and palpitation than in cases of mitral lesions; there is also liability to sudden death.

The immediate effect of aortic regurgitation is accumulation of blood in the left ventricle, which gives rise to distension, and when the distension becomes so great that the ventricular contractions are not sufficient to overcome it

then death takes place from paralysis of the heart.

CASE V. RHEUMATISM: CARDIAC MITRAL LESIONS WITH HYPERTROPHY OF THE RIGHT VENTRICLE.

History. M. S., at 14 years; was always healthy until three years ago, when she had rheumatism. She recovered, but her health continued to be rather delicate. Three weeks ago she was again attacked with acute inflammatory rheumatism, and has been under the treatment of some one outside of the hospital up to the present time.

Present Condition. May 31st. The patient is pale and very feeble, her pulse is accelerated, and her breathing hurried. The appetite is a little better than it was a few days ago, but is still rather poor. There is not much swelling of the joints remaining, but they are painful on being moved.

Examination of the Chest. The apex-beat of the heart is in the sixth intercostal space a little to the left of the linea mammalis. The superficial cardiac space is enlarged as shown by the increased extent of dulness on percussion. There is a murmur heard most distinctly at the apex of the heart and with the first sound; it is propagated to the left side, and is audible at the lower angle of the scapula. It is not heard at the summit of the chest nor along the course of the carotid arteries. The pulmonic second sound, heard at the second intercostal space on the left side of the sternum, is more intense than that of the aorta on the right.

Treatment. Ordered the patient to be kept as comfortable as possible, and prescribed

R. Quinia sulph.,	gr. xxiv
Acidi sulphurici,	q. s.
Aquæ,	℥ij M.

Teaspoonful to be taken four times daily.

Commentary. Organic valvular lesions of the heart are generally sequels of endocarditis, and in the vast majority of cases, that affection occurs during acute inflammatory rheumatism. It is important in this case to ascertain whether the material lesions are due to the present or previous attack of rheumatism. When valvular lesions involving insufficiency exist for any length of time, they give rise to hypertrophy, and as there is enlargement of the heart in this case we have good evidence that the organic cardiac disease dates from the patient's first illness. This case may be taken as a very good example of mitral lesions with hypertrophy of the right ventricle, two conditions which usually are found together.

The location where the murmur is most distinctly heard and the time when it occurs in relation to the heart sounds, are reliable signs of the character and location of the valvular lesions. The signs of hypertrophy of the right ventricle are well marked, the pulmonic second sound is much more intense than the aortic.

Some time ago the treatment of rheumatism was generally antiphlogistic, and mercury was used freely; at the present time such measures are but little used. As the danger in rheumatism is from disease of the heart, that complication demands the most attention in treatment. Alkalies are recommended as being useful in preventing endocarditis. In this case the time for the employment of such measures is past. Tonics are usually required in the latter stages of the disease, and quinine is perhaps the best.

CASE VI. ORGANIC CARDIAC DISEASE: LESIONS OF THE AORTIC VALVES; PERICARDIAL ADHESIONS; PULMONARY EMPHYSEMA.

History. J. M., æt 47 years, has had rheumatism several times. He had it first twenty-eight years ago, and the last time, two years ago. He states that during one rheumatic attack he suffered from pain in the left side of the chest and dyspnœa. For the last six months he has had a cough with dyspnœa which unfits him for very active exercise.

Present Condition. June 14th. The patient is of a rather spare habit, but has no appearance of ill-health. The pulse is feeble but regular.

Examination of the Chest. The patient breathes with some difficulty and the chest on the left side does not expand and contract much during respiration, but remains distended to some extent. There is tympanitic resonance on percussion at the apex of the chest on the left side, and by employing auscultation in that situation, the vesicular murmur is found to be feeble.

The apex-beat of the heart occupies its normal position, but at that point and at the ensiform cartilage the thoracic parietes are retracted with each cardiac systole. The heart maintains a location fixed, as shown by the apex-beat remaining unchanged when the patient is placed in various positions.

The area of the præcordial dulness on percussion is not changed in different positions of the body, nor by a deep inspiration. Auscultation shows that the lungs do not extend over the heart on a full inspiration being taken. There is an endocardial murmur heard with the second

sound of the heart, and most distinct at the base of the organ.

Treatment. R. Potassii iodidi, ʒij
Aqua font., fʒiij M.
Teaspoonful to be taken three times daily.

Commentary. In this case we have a very good example of adhesions following pericarditis, which occurred in connection with rheumatism as it not unfrequently does. The pain in the chest and dyspnœa, which the patient says he had at one time when he was suffering from rheumatism, were most likely due to inflammation of the pericardium and endocardium, and the products of this inflammation which gave rise to the anatomical changes referable to the heart, which are now appreciable by physical signs. The retraction of the intercostal spaces with each cardiac systole, and the fixed position of the heart, with the increased area of the præcordial space, which is not diminished by a full inspiration, are the diagnostic physical signs of pericardial adhesions. There is also an endocardial murmur present, and from its occurring with the second sound of the heart, and being most distinctly heard at the base of the heart, is evidence that there is impairment of the aortic valves, sufficient to admit of a regurgitant current of blood. Though these anatomical changes may have existed for some time, as would appear from the history of the case, yet the patient has not suffered much, if any, inconvenience from them. This case then shows that though organic cardiac disease exists, it may not be sufficient ground for giving an unfavorable prognosis, for where the lesions are not very extensive nor sufficient to cause much impairment of the circulation, the patient may enjoy good health for years, and suffer but little inconvenience. This patient has had a troublesome cough, and dyspnœa for some months, but it is not at all likely that either of these symptoms are due to the cardiac trouble, for he has emphysema, which is sufficient to account for all his symptoms. Some writers state that pericardial adhesions cause hypertrophy of the heart, but this case favors the opposite opinion for there is no enlargement while the signs of adhesions are very well marked, and there is reason to believe that they have existed for some time.

A Surgeon Missing.

Assistant Surgeon GEORGE WILLIAM ELLIS, United States Volunteers, of Winchester, Va., formerly of Bombay, East India, is missing, notwithstanding the efforts of the Adjutant-General of the Army to find him.

**On the Treatment of
GUNSHOT FRACTURES OF THE FEMUR
AND TIBIA.**

By JOHN T. HODGEN, M. D.,

Professor of Physiology and Medical Jurisprudence, in the St. Louis
Medical College.

[We have received the following article from Prof. HODGEN, of St. Louis, Mo. The descriptive portion of it is copied from the *St. Louis Medical and Surgical Journal*. This apparatus is on the supply-table of the U. S. Army, and is in very general use in the Western hospitals, where it has been used with remarkable results. —ED. MED. AND SURG. REPORTER.]

I desire to tax your readers on the subject of gunshot fractures of the femur and tibia, and the appliances for their treatment.

Amputation in these cases has been pretty generally abandoned, by our army surgeons, except when joints, blood-vessels, or nerves, are implicated. To this practice of preserving limbs, they have been guided by the facts accumulated during the present war. But the best mode of treatment, and the amount of interference on the part of the surgeon, seems not to be so fully determined. When a ball strikes a long bone, there is more or less shattering, and a greater or less number of fragments are detached from all connexion; others, though separated from bony parts, still adhere by periosteum. Now, there is no question but that the duty of the surgeon, immediately after such injury, is to remove all of the completely separated fragments; but as to those still holding their periosteal relations (since the periosteum is the framework by which the blood-vessels reach the bone, and the presumption being that the vessels are still in condition to transmit blood to the bone for its nourishment), each fragment, however small, serves as a nucleus from which the material destined to unite the bone is effused.* It therefore becomes desirable to save all such fragments, instead of resecting in continuity, as has been practiced by many of our surgeons, as I think, to the disadvantage of the patient.

I would say, then, that resection in continuity is never profitable; and that it diminishes the chances of recovery with a useful limb, as it

* The term "effusion" here used is of doubtful propriety, since Virchow (who is perhaps the best authority on this subject) denies that these plastic materials are effusions, but regards them as new products, the crude materials of which are drawn from the blood and modified by the cells of the injured tissues.

removes a part of the material which, if left, would aid in the union.

Meddlesome interference often diminishes the chances of recovery. In compound comminuted fractures, it is a common practice to use the probe freely every few days, with the view of detecting detached fragments that may be a source of irritation. The surgeon is impatient for the removal of dead and yet fixed portions of the bone; and finding a pair of bone nippers in his case of instruments, he is tempted to use them in cutting off the offending part, and thus causes an inflammatory action that may result in the death and final separation of a much larger portion than would otherwise have been lost, to say nothing of the suffering and prostration of the patient necessarily following such interference. It must be remembered that several weeks are required by nature, in her efforts at removing foreign matters, to cut loose a piece of dead bone, so that the surgeon's forceps may remove it. Again, limbs are too frequently moved for the purpose of cleansing them; not that I object to having them kept clean, but the disturbance that is necessary, in consequence of the imperfect appliances used in supporting the limb, is sure to retard, if it does not altogether prevent union.

I would say, in these cases of compound comminuted fractures of the femur and tibia, remove all fragments that are entirely free; when this is done, make no further explorations in search of dead or detached fragments for six weeks or two months. Place the limb in the position in which it is destined to remain during treatment, and so arrange the apparatus that it will not be necessary to remove it in keeping the wound free from irritating discharges. In the *American Medical Times* of the 21st of May last, I gave a cut and description of a cradle-splint (as I call it) which has been used with advantage. Since that time I have used a more simple apparatus, and found it to answer all the ends served by the first, and in some respects to be more desirable.

The splint referred to is a combination of the principles of SMITH's anterior splint, SWINBURNE's extension, and the strip bandage supports used in my cradle splints. The cut gives a clear idea of it as applied.

The body of the splint is made of No. 2 iron wire, which is sufficient to support the limb, all of one piece, bent as seen in the cut.

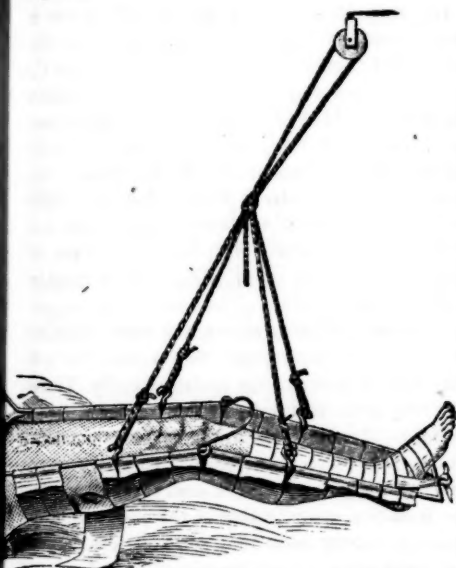
The dimensions are as follows: Four inches across the bottom of the foot; twenty-two inches from the foot to the bend at the knee; twenty

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inches from the bend of the knee to the upper ends of the wire (corresponding to the pubes and hip when applied). These upper ends are eight or nine inches apart, being separated by a bow of thick wire; another similar bow is placed at the knee, having a span of six inches.

These two bows are made so that they can be put on or taken off without disturbing the dressings, and are put in position after all else is arranged—the one at the hip having a loop at each end to receive the upper end of the splint wires, the other simply hooks, to be looped on at the knee. A roller bandage may be placed around the hips and upper end of the external limb, the splint to keep the latter in place, if required.



How applied.—A bandage is applied to the foot; an adhesive strap, three inches wide, is applied to each side of the leg, extending four or five inches below the foot, and up to the knee in case of fracture of the femur; or to the fracture, in case the tibia is the injured part. The roller is then extended smoothly over the adhesive plasters.

That limb of the splint designed to pass next the pubes is bent upward, at a point from the bend of the knee in the splint corresponding to the distance from the bend of the knee to the pubes on the sound side of the body.

Strips of bandage three inches wide are now looped over one limb of the splint, continuously from the upper to the lower end, and allowed to belly downward a distance equal to two-thirds of the diameter of that part of the extremity

designed to rest upon each one; the other ends of these strips are pinned over the other limb of the splint, thus forming a double inclined trough in which the extremity is now to be placed on these strips of muslin. The free ends of the adhesive strips are next fastened to the cross-piece at the foot, three inches apart, and the whole suspended from a pulley fixed to the ceiling or a frame; the pulley should be almost over the foot, if the ceiling be eight or ten feet high, giving the suspending cords an oblique direction, that in this way we may have sufficient extension. If the patient is disposed to slide toward the foot of the bed, this must be elevated on two bricks under each of the legs at the foot of the bedstead.

The advantages claimed for this arrangement are:

1st. That the limb is entirely free from compressing bandages, so that the circulation and nutrition are uninterrupted; consequently repair goes on in its wonted course.

2d. The limb may at any time be examined without disturbing the dressings.

3d. Any one of the supporting strips may be removed and replaced without displacing the fracture; consequently the external wound may be frequently dressed, and all offensive matter removed as often as may be required.

4th. The absence of the perineal band, and the limb being suspended on strips of muslin, there can be no perineal excoriations, no ulceration of the heel, while every part of the limb is kept cool in the hottest weather.

5th. The freedom with which the limb moves, in obedience to impulses received from the hip and upper part of the thigh, allows the patient to sit up, to move any part of the bed, or lift himself on a bed-pan, without disturbing the fracture or causing the least pain.

All these requisites are not answered by any splint in general use. Dr. SMITH's anterior splint embraces all the qualities required for simple fractures, but it does not admit of the limb being so easily inspected, or offer the same facilities for dressing wounds of the soft parts.

The following cases were treated with the "Wire Suspension Splint" above described:

1st. D. T., æt 35, intemperate, and an epileptic, on the 29th day of August, 1863, in attempting to get off the front platform of a street car, fell in a convulsion, the car passing over the left thigh causing a compound comminuted fracture at the junction of the middle and lower thirds, the opening of the skin being on the posterior and outer part.

The soft parts were bruised severely and lacerated for three inches very irregularly. The convulsion passed off, and he was picked up, taken to his home, a miserable tenant-house in the lower part of the city, and the "Wire Suspension Splint" applied; a sedative administered; cold water applied, and general directions given to administer a tablespoonful of brandy until the skin should become warm, and the pulse more full. On the 30th there was a good re-action and the patient seemed comfortable; brandy was left off, except a tablespoonful three times a day, and the water was continued to the thigh.

This general course was pursued for three or four days when the swelling, which had been immense, began to subside, and the patient seemed doing well, except the usual nervousness, which was corrected by opium and brandy. About the 12th of September I was ordered to Little Rock on temporary duty, and leaving the patient in charge of a friend, I did not see him until the 10th or 11th of October, when I returned. At this time the limb was perhaps an inch short, but the general line was good. The physician who had attended him informed me that he was just recovering from a very severe attack of delirium tremens, resulting from a spree he had taken, while lying on his back with his thigh broken as above described.

The wife, who was a timid woman, could not resist his threats of injury to himself and her if she refused to give him whisky; he, therefore, kept full and was several times again threatened with a return of the delirium.

The external wound suppurated profusely but gradually healed, the bones united, and on the 18th day of October, when I last saw him, he was able to be up with a limb shortened about an inch and a little angling backward.

2d. J. J., a colored man, æt 52, (a fireman on one of the river packets) of good habits and good constitution, received a blow from a broken fender, fracturing the bones of the left leg in its middle third. Prof. HUGHES, of Keokuk, Iowa, who was on the boat at the time, removed two fragments of the tibia, one an inch and a quarter long by three-quarters wide, the other about the same width, and near two inches in length. Prof. HUGHES dressed the limb and applied cold water. I first saw the patient on the 4th of January, 1864, the day after he was injured, and found the parts well in position. A wound in the skin three inches long on its anterior part, the posterior part badly bruised.

I immediately suspended it in the splint above named, and since that time his wife, a sensible colored woman, has dressed it and given it all the attention required, I only calling once or twice a week to see that it was in proper position, and once to open a large abscess that formed at the site of the bruise on the back part of the leg. At my last visit, July 16th, the abscess had entirely healed, the wound on the skin was healing nicely, and the bones so firmly united that the patient lifted the limb from the splint without injury. The colored woman said, "If dat de way dey set broke legs, I's gwine to set ebbery one I comes cross, kase I ken do it jes as well as anybody."

Case 3. Is one furnished by my friend, Dr. J. J. McDOWELL, of this city.

On May 13th, 1864, I was called to see a child, aged 3½ years, who had fallen in the street and been run over by a heavily laden U. S. Government wagon. I got to the patient about half an hour after the accident, and found the little fellow lying in a semi-comatose condition from the concussion of the brain. On examining the limbs I found that the right femur was crushed in several pieces at the junction of the middle with the upper third of that bone, and the surrounding tissues terribly contused and abraded. The wheel of the wagon had passed obliquely across the right thigh at the point of fracture, and then across, the left iliac region, bruising the abdomen sadly. There was very little deformity in the fractured limb, owing to the paralysis of the muscles incident to the concussion of the brain. There was very little swelling, but a great deal of ecchymosis. As from the complication of the case with *concussion*, and my fears that some serious injury had been done to the viscera of the abdomen lying in the iliac region, I felt very doubtful if the child would survive. I merely placed the limb in an easy position on a pillow and applied cold water to the points of fracture, and waited until morning to see what would be the result of the injury to the head. Next morning at 8½ o'clock, I found him almost entirely recovered from the "concussion," and determined to treat the fracture on your "Wire Suspension Splint," so I ordered one of the proper size from Mr. LESLIE, (Instrument Maker on Market St., who made it for me in less than an hour), and at 10½ A. M. applied it to the limb. I had never seen the splint used, but from its extreme simplicity I found no difficulty in its application from the directions attached to the "cut" of the

instrument given me by Prof. HODGEN. I have no words to express my delight at the working of the splint. It was perfection itself.

The little patient never complained of anything from the moment the extension was made until the cure was complete. No other treatment was used but cold water at the point of fracture; no bandage was applied even; and he did not have that intense pain in the heel which is the universal concomitant of the use of every other kind of splint in such cases.

Seven weeks after the accident the splint was taken off, or rather the limb was lifted out of its cradle, a sound leg and so like its fellow that it would have been impossible to tell which one had been fractured. A starch bandage was applied and kept on for two weeks and when it was taken off, the little fellow walked as well as before the accident and without the slightest limp.

My opinion is that your splint is "*ne plus ultra*" and perfection of surgical skill.

With my thanks to you for your invention, both for me and humanity,

I am as ever, your friend,

J. J. McDOWELL, M. D.,

Late Demonstrator of Anatomy in the Mo. Med. Coll.

EDITORIAL DEPARTMENT.

Periscope.

[Therapeutics of Inflammation of the Lungs.

In the *Brit. For. Med. Clin. Rev.* is an abstract of papers by Professor SKODA, where he states that incipient pneumonia is sometimes never recognised and again may not even be suspected. Pneumonia nipped in the bud, is conjecture, as the affection may become severe and fatal, in spite of treatment by indicated means from the beginning and continually; and on the other hand, in spite of false treatment, it may run a slight and favorable course. In spite of immediate hydropathic treatment, it may become serious and fatal. Cases treated with camphor and the like, differ in no respect from cases treated after other methods. According to the author's experience, inhalation of ether from the beginning does not delay the development of a pneumonia nor change its course. At the beginning of a febrile attack, the mere suspicion of a pneumonia does not warrant a course of therapeutics which the existing symptoms do not call for.

Statistics show a more favorable mortality list in hospitals where venesection is not used. The personal experience of Skoda during the

past six years, however, did not corroborate this. In general, he has found that experience brings out the rate of mortality for each mode of treatment, and in a given period be favorable or unfavorable. No reason can be assigned for this variation, in no instance did the genius epidemicus play any part in it, and on the whole Skoda concludes, that therapeutics has no marked influence on the rate of mortality. No specific against pneumonia has yet been found, only the sufferings of the patient may be mitigated and dangerous accidents may be removed.

He recommends *venesection* only when some symptom can be relieved by it which threatens life—as delirium, sopor, convulsions, congestion of the vessels of the neck, suffocation in consequence of copious bloody secretion in the bronchi, or rapid infiltration. If urgently demanded, one must not refuse venesection, unless there is anemia. It does not present a fatal termination although some favorable cases are recorded. After the employment of tartar emetic, ipecacuanha, corrosive sublimate, digitalis, opium, quinine, etc., etc., Skoda obtained no certain favorable results and thinks that therapeutics, especially venesection is without influence in preventing consecutive diseases, and especially tuberculosis.

Action of Oxygen on Animals.

MM. DEMARQUAY and SECONTE have ascertained from experiments on dogs the physiological and therapeutical action of oxygen. In the *Compt. Rend. (Acad. Sciences.)* they state that respiration of it for a period of time only increased the liveliness and augmented the appetite. While exposed to its influence it was found that wounds became much congested with a flow of transparent serosity, and if longer exposed to the gas, small ecchymoses appeared. Similar results were noticed when oxygen was directly injected into veins. In other experiments made on rabbits, it was found, 1, That they could live from fourteen to seventeen hours in pure oxygen; 2, When death occurred, the muscular tissue was universally engorged with blood and had assumed a peculiar rosy tint. 3, The ordinary appearance between arterial and venous blood did not disappear, contrary to the observation of Broughton. 4, No organ, as stated by BEDDOES, was found inflamed.

When applied to wounds on the human body, no pain was experienced, but prickling and heat were complained of. The same sensations were noticed when applied to mucous or serious cavities. The suppurative process became modified by its contact, the discharge became less purulent, the granulations became smaller and greyer in tint, but on the removal of the oxygen they assumed a bright color. It also modified the inflammatory circle of redness, surrounding ulcers, eczema, etc., etc. In some sick persons, benefit was observed when thirty quarts were daily inhaled. It does not appear to be adapted to those greatly exhausted, by suppurative wounds, or those in the later stage of consumption.

Oxycinchonine.

It will be remembered that cinchonia differs from quinia in having two equivalents less of oxygen. STRECKER has succeeded in forming a substance having precisely the same composition as quinia, but possessing properties somewhat different, by boiling monobrominated cinchonia with an alcoholic solution of potash and passing through it a current of carbonic acid. It crystallizes in colorless plates, and differs from quinia in not giving fluorescent solutions. Its salts crystallize with difficulty, the most crystallizable being the neutral sulphate and oxalate. For the new substance which possesses the properties of an alkaloid, STRECKER has proposed the name oxycinchonia. It remains for investigators to discover whether its therapeutic effects are similar to quinia. It appears from the *Druggists' Circular*, that recently samples of the hydrochlorate of cinchonia have been passed off as sulphate of quinia.

It is only necessary however to remember that the hydrochlorate of quinia, quinidia and cinchonia may be readily distinguished from the sulphates of the same alkaloid, by their fusing and giving off purple fumes when heated on platinum foil.

Perchloride of Iron in Croup.

The *St. Louis Med. Surg. Jour.* details from the *Revue de Therap. Med. Chirurg.* the history of several cases of this disease where the perchloride of iron was apparently followed by good results. The dose recommended was ten or fifteen drops of the concentrated solution introduced by Dr. PRAVAZ in four ounces of water of which a tablespoonful may be given every five or ten minutes to a child five years of age. Thus administered, the medicine produced no bad effects in the stomach, nor irritation of the bowels. In a few hours the cough is easier, the voice softer, the membranes became firm and can readily be coughed up in the form of shreds. As improvement is noticed, the dose is diminished and the interval between each is increased. One patient aged thirteen years took during the course of the disease nine hundred drops of the liquid perchloride diluted in the proportion of fifteen drops to four ounces of water. It entirely recovered.

Neuralgia over the Spines of certain Vertebrae.

M. TROUSSEAU observes in *L'Union Medicale*, during a clinic on neuralgia, that when it occupies the branches of the trifacial, it is always at the point of emergence of the ophthalmic branches, of the superior maxillary and of the inferior maxillary that the pain is most acutely felt. Then comes the frontal point where pain rarely fails, then the parietal point where it is frequently wanting, last of all the occipital nerve although not related to the lingual in origin, is almost always affected. He has observed an inexplicable and in-

variable thing in all cases recorded, that whether the trifacial alone was attacked or the occipital simultaneously affected, pressure on the spinous apophyses of the first two cervical vertebrae was *always* very painful and in a certain number of cases immediately awakened pain in the affected nerves. If the nerves of the brachial plexus were attacked, pressure over the spinous apophyses of the last cervical vertebra produced pain and it was the same when he explored the vertebral column in the case of intercostal, lumbar and sciatic neuralgia. M. TROUSSEAU lays it down as a rule, that in the various neuralgias the spinous apophyses are painful at a point nearly corresponding to that at which the nerve emerges, and not unfrequently the pain extends a little higher up the vertebral column.

Nitrate of Silver in Dysentery.

In *L'Union Med.*, the particulars of six cases are related by Dr. CAVADEC in which the nitrate of silver was successfully employed in the treatment of dysentery. The action of the nitrate is considered by him as exciting a favorable influence upon the congested surface of the intestine, and tranquillity thereof soon returns to the patient, with diminution of the slimy and bloody discharges, improved appearance of the stools will arrest tenesmus. Dr. CAVADEC does not assert that the nitrate of silver should exclude all other medicines or that it is infallible in its operation, but has always found it valuable in the practice of his own province. It may be employed either in the form of pills or injection, according to the supposed extent of the diseased action. In all fevers, the acute, clinic, adynamic and inflamed, in the young and old it will be found applicable. Indeed, he thinks among the spasmodic cases of dysentery occurring in Europe, there are but few contra indications to its use. The treatment is at one sedative, antispasmodic and to a certain extent, abortive. It soothes, relieves the pain in the stomach and intestines quells the tenesmus, and causes the muco-sanguinolent discharge to cease.

Plaster of Paris Splints.

One of the documents recently printed by the United States Sanitary Commission for general distribution among army surgeons, is a brochure "*On the use of Plaster of Paris Splints in Military Surgery*," by JAMES L. LITTLE, M. D., late House Surgeon of the New York Hospital. Full instructions are therein given on the proper methods of preparing and applying the plaster, illustrated by six wood cuts which render the process intelligible to all. For the transportation of the wounded this is an exceedingly valuable process, as the application may be made at any period of the injury, and the rigidity of the splints with their easy and perfect adaptation to the contour of the limb form a perfect protection of the injured parts. "In most cases we have recommended it only as a dressing for transportation. There are

however, many cases of compound fractures in which this kind of splint may be used during the whole course of treatment. In fractures of the leg in injuries involving the knee, ankle and elbow joints; in fractures of the forearm and humerus, it can always be used with advantage. In simple fractures of these parts, where the displacement can be easily reduced, there is no better form of dressing."

Essence (Oil) of Turpentine in Nervous Headaches.

The *Brit. and For. Med. Chir. Rev.* contains an abstract from the *Gazette Méd. de Lyon*, wherein M. TESSIER describes a variety of nervous headaches, where this has been found useful. The affection, he says, is common and often severe, but must not be confounded with ordinary neuralgia, either periodic or irregular, of the face or cranium or even with hemicrania. This cephalalgia is characterized by a much more fixed and continuous pain in the head, and may last not only several weeks, but months and entire years, without presenting more than rare and slight intermissions. The pain is sometimes dull, sometimes throbbing and sometimes pulsative, occupying only a single point of the head or the whole cranium, being accompanied with nausea, vertigo and tendency to syncope, inability to think or work, despondency and sometimes numbness of the limbs. It is especially seen in nervous women, with exalted sensibility of a delicate constitution, somewhat anæmic and especially hysterical. It often coexists with dysmenorrhœa, amenorrhœa and also with tendency to excessive mensuration, although it is sometimes observed in persons of good constitution whose menses are regular. It has been employed in the same kind of cases by Dr. GRAVES and TROUSSEAU, but M. TESSIER does not consider such large doses necessary. He recommends its use in capsules, given at meal-times, each capsule containing eight drops of the essence of turpentine.

Uterine Tents from the Dried Stem of the Laminaria Digitata.

In the *Medical Times and Gazette*, Dr. J. G. WILSON recommends this sea-plant found in reefs and rocks, known as "tangle weed." A portion of the dried stem will, in the course of twenty-four hours attain its original size from absorption of liquid. In all cases where it is considered necessary to dilate the os and cervix uteri, Dr. Wilson thinks it may be used and eventually be made to supersede the ordinary forms. It is firmer and less bulky than sponge, and can be more readily introduced, where the orifice is very small; indeed, the *laminaria* can be introduced where sponge-tents cannot.

Larch Bark in Chronic Bronchitis.

In the *Medical Times and Gazette*, Dr. HEADLAND GREENHOW recommends the Tincture of Larch for those patients who have suffered from repeated attacks of bronchitis, where copious

expectoration continues after the acute symptoms have subsided and the object of the physician is rather to check than encourage continuance of the expectoration. In fact whenever there is a chronic flux from the mucous membrane due to any cause, and tending to impair the general health and vigor of the patient, the remedy will be found useful, as it is well known that each catarrhal attack renders a repetition more probable. The tincture is made from the inner bark of the Larch tree and is much more pleasant than copaiba and similar resinoid preparations. It may be given in doses of from twenty to thirty minims, in a mixture consisting of tincture of gentian, nitro-muriatic acid and water, with or without wine of ipecacuanha and either tincture of hyoscyamus or compound tincture of camphor, according to the more or less frequency and severity of the cough.

New Anæsthetics.

The *Intellectual Observer* mentions that Dr. GENGES has addressed a note to the French Academy detailing some very interesting experiments performed by him in this direction. He has ascertained that a purified kerosoline, obtained from commercial petroleum oil, when vaporized by means of heat will be found a valuable anæsthetic. He especially recommends as safer than chloroform, brom-hydric ether, which not only is less inflammable than ordinary ethers, but possesses an exquisite odor.

Tinctura Opil.

In the *London Pharmaceutical Journal*, Mr. R. H. DAVIS remarks that in preparing laudanum, the opium is not completely exhausted by the diluted alcohol. In one carefully conducted experiment, he found in the thirteen and one-half (13½) ounces of dried residue, left from the thirty-six (36) ounces of opium employed in making three gallons of the tincture, no less than fifty-six (56) grains of pure hydrochlorate of morphia. When the laudanum is made by percolation the quantity is much less. He did not find any codeia. This tends to confirm the statement of Pereira.

Bromide of Potassium.

When Bromide of Potassium was first introduced, it was thought by many to be very analogous in its action to the Iodide. But after extensive trials, Dr. GARROD ascertained in cases intolerant of Iodine, that certain eruptions of the skin disappeared, and also that none of the symptoms known as Iodism appeared. In the *Medical Times and Gazette*, he gives the following results as to its action: 1. It produces none of the irritation of the mucous membranes of the nose and fauces—no coryza. 2. Some patients experience a peculiar sensation of dryness in the throat and neighboring parts. 3. When given in large medicinal doses, sleeplessness and dull headache were occasionally noticed. 4. When administered in very large amounts, some loss

of power was noticed in the lower extremities, which passed off when the medicine was discontinued. 5. The therapeutic action was decidedly what may be termed alterative—that is, it relieved certain forms of chronic disease, as syphilitic skin affections. 6. No marked action was noticed upon the skin or kidneys. In reference to its properties in hysterical epilepsy and kindred nervous affections, he says: 7. It exerts a most powerful influence on the generative organs, lowering their functions in a remarkable degree. 8. It is a remedy possessing most valuable properties in diseases dependent on, and accompanied by, excitement or over action of the generative organs; and hence it may be given with advantage in nymphomania, priapism, certain forms of menorrhagia, especially that occurring at the climacteric period; as likewise in nervous hysterical affections dependent on uterine irritation, and lastly in some ovarian tumors. 9. It appears to produce an anæsthetic condition of the larynx and pharynx, and hence has been usefully employed in examinations and operations of these parts. The usual dose of Bromide of Potassium is five, ten, or even fifteen grains to an adult.

Polypi of the Rectum in Children.

M. GUERSANT states in the *Bull. de Therap.* that each year he meets from six to eight cases of polypus in private or hospital practice. Usually they are found just above the sphincter, solitary and pediculated, seldom exceeding a small nut in size. Sometimes they are firm and elastic but usually soft and vascular. In the more recent tumors the pedicle will be more voluminous as the mucous membrane which covers the hypertrophied mucous follicles, gradually becomes thinned from extension. The health of the child may not suffer for a long time unless the polypus bleeds much, when the patient becomes pale and chlorotic. The affection is often mistaken for dysentery or hæmorrhoids, but if the child is examined after going to stool, a small red tumor will be observed at the orifice of the anus which returns after defecation. The pediculated form of the tumor readily distinguishes it from prolapsus, and if the finger be gently introduced within the rectum, usually to the posterior side, the attachment of the polypus to the rectum can be found. Sometimes the tumor becomes separated during the passage from thinning of the pedicle, and may be found in the stool. In proportion to the blood lost and interference into the rectum must surgical measures be adopted. An enema is given when the tumor usually appears with return of last portion. It is then seized with a forceps and a silk ligature applied around its pedicle. M. GUERSANT does not use the scissors from the considerable hæmorrhage he has witnessed. Any bleeding after the ligature may be arrested by cold water injections.

Farina's Cologne.

This celebrated perfume is much prized for its delicacy and permanency, and many attempts to imitate it have been made, with very little

success. It is asserted that one of the Farina family has published the appended recipe. It is copied from the *Zeitschrift des Norddeutschen Apotheker Vereins*:

B. Benzoin (purified) 2 oz.
Ol. Lavandulæ 2 “ } by weight.
Ol. Rosmarini 4 “ }
Alcoholis fortioris, 9 gallons.

To this solution are added successively:—

Ol. Neroli,
Ol. Neroli petits grain,
Ol. Limonis, of each 10 2-5 oz.,
Ol. Aurantii Dulcis,
Ol. Limettae,
Ol. Bergamii, of each 20 4-5 oz.,
Tinct. Flor. geranii rosei q. s.

Macerate for some weeks, then fill into flasks.

Treatment of Fractures.

In the *London Lancet* Mr. FREDERICK SKET remarks that he treats of fractures of the leg almost without exception, with the pillow instead of splints unless there is extreme obliquity of the fracture, it will be found that the pillow, firmly bound to the leg by two or three straps, effects perfect union without overlapping, and is by far the most simple and easy method of applying the required lateral pressure to the limb with which he is acquainted. Neither irritation nor abrasion is produced and likewise all discomfort from under pressure is avoided.

A Cause of Bronchitis.

In France it has been found, says the *Brit. Med. Jour.*, that the use of threshing and mining machines has produced an immense amount of bronchitis and diseases of the throat and chest among the laborers who are employed, and thereby exposed to an atmosphere charged with dust, which so powerfully affects them that in some parishes there are whole families of confirmed invalids. To such an extent has the evil gone that the *mairies* have issued an order that the laborers employed near this machine must work in veils.

Santonin for Uric Acid Concretions.

The researches of Napoli and Malhé on the changes which santonin undergoes when passing into the blood, and on its condition when eliminated by the kidneys prove that while within the organism it suffers to some extent in oxydation. Dr. CAMERA adds to this his experience with santonin in lithiasis, especially in chronic cases of nephritic colic, when the patients were greatly benefitted by its use. The remedy was given twice a week for a month before breakfast in four or five grain doses, with a dose of castor oil on the following day. No untoward consequences occurred when this medication was continued for months, and in the most violent cases of calculous pains it greatly comforted the patient, without his suffering from any other of the effects of the remedy.—*Presse Méd. Belge.*

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 17, 1864.

MEDICAL COLLEGE ANNOUNCEMENTS—
SESSION OF 1864-5.

We have received a number of announcements for the session of 1864-5. The last session was a very successful one in all our colleges, and the coming one we doubt not will be still more so.

The *Medical Department of the University of Pennsylvania* commences its ninety-ninth session on the second Monday of October, with a very energetic and able faculty. The matriculants of the last session numbered 401; graduates 78.

The *Jefferson Medical College* of this city also begins its session on the 10th of October. This college has also an able faculty and enjoys an extended patronage. The matriculants of the last session numbered 351; graduates 124.

The sessions of the *Medical Department of the University of Michigan*, located at Ann Arbor in that State, begin in October. Its faculty are men of distinction and long experience in teaching medicine. The popularity of this school is evidenced by its rapid growth. The matriculants during the last session were 340.

The seventeenth session of the *Medical Department of the University of Iowa*, located at Keokuk, begins on the 20th of October. The matriculants of the last session numbered 235; graduates, winter and summer session, 82.

The second session of the *Philadelphia Dental College* will commence at the college rooms, 108 North Tenth street, on the 1st of November. The matriculants of the last session numbered 11; the graduates 6.

The fifty-eighth session of the *College of Physicians and Surgeons* of New York (Medical Department of Columbia College) begins a *Fall Course* of lectures on Monday the 19th of September. These Lectures embrace the *Organs of Special Sense*; *Meteorology* as applied to Hygiene; *Physiology of Respiration*; *Diseases of Children*; *Physical Exploration of the Eye*; *Diseases of the Kidney*; *Ophthalmic Medicine* and *Surgery*; *Abortion*; *Gonorrhœa* and its complications.

The regular course of lectures for the session of 1864-5, will commence on Monday, October 17th, and continue until the second Thursday of March following. This is one of the best medical schools in the country, and its faculty is well and favorably known for its ability and experi-

ence in medical teaching. The matriculants of the last session numbered 288.

The faculty of this college offers two prizes annually, for the best two graduating theses, presented during the year, viz: A first prize of \$50; a second prize of \$25. Besides these there are the *HARSEN* prizes, three in number, respectively, \$150, \$75, and \$25, for the best written reports of the clinical instruction in New York Hospital; and the *STEVENS* prize of \$100 for the best series of preparations which shall adequately illustrate the anatomy, physiology, and pathology of the larynx.

The twenty-second session of the *Rush Medical College* at Chicago, Illinois, begins on the 5th of October and continues uninterruptedly for sixteen weeks. The faculty of this college, some of whom have been connected with it for many years, are well known as able and popular teachers. The matriculants of the last session numbered 255; the graduates 80.

The *Chicago Medical College*, (Medical Department of Lind University) begins its sixth annual session (winter term) on the second Monday in October. This school has an excellent faculty most of them veterans in medical teaching. The matriculants of the last session were 87; the graduates 17.

The *Bellevue Hospital Medical College* begins its 4th annual session on the 12th of October. This college has one of the ablest faculties of any medical college in the country, and its plan of organization—the principal feature being its connection with a hospital—is the best we know of. The perfection of its organization has insured it a remarkable success. The number of graduates at the last session was 95.

ELECTRICITY IN HOUSEHOLD USE.

Boston claims the birth of the philosopher who first drew electricity from the clouds; and New York, the residence of him who utilized it in the art of telegraphy; and now Philadelphia demonstrates her right to the great brotherhood of practical science, by a new and beautiful application of it to an important domestic purpose. The name of *CORNELIUS* is soon to rank with those of *FRANKLIN* and *MORSE*.

Henceforth that very useful, heretofore indispensable, generally disagreeable, and oftentimes dangerous little article, the *Lucifer match*, may be dispensed with. Its days are numbered, and it may be said to have received its mortal wound by a stroke of lightning.

The improvement which elicits these remarks is called the *Electrical Bracket*, and consists of

an ornamental attachment to the ordinary gas burner by which the gas may be lighted at any moment by the instantaneous production of a spark of electricity. The means of accomplishing this is as simple as it is ingenious, and so easily operated that an infant cannot make a mistake.

The application of electricity to the ignition of the current of gas issuing from an ordinary burner is not a new thing; many public apartments, as the Representatives' Hall at Washington, the Cooper Institute in New York, and others, having had arrangements for the simultaneous lighting of the gas jets for some years. But the apparatus there employed is the ordinary voltaic battery of cups, plates, acids, etc., requiring daily and careful attention, and sometimes failing in spite of the best supervision.

But the genius of ROBERT CORNELIUS, of Philadelphia, has furnished us with an arrangement for the creation of the electric spark, entirely different and avoiding all the paraphernalia of the old method.

The means he employs is simple friction of two surfaces of suitable material, by a movement as simple and easy as the turning of a key. The apparatus consists of a brass cup of about the size and shape of an apothecary's four ounce measuring glass, lined inside with lamb's wool and silk. Into this cup is loosely fitted a plug of hard rubber, and these furnish the surfaces whose friction produces the electric spark. The cup, supported firmly on the bracket, is connected with the gas burner by a fine copper wire covered with silk, and terminating in a platinum point one-sixteenth of an inch from the aperture of the burner, merely lifting the rubber plug from its bed in the cup suffices to produce a spark, which, darting from the platinum point to the burner, ignites the escaping gas. This little apparatus being without any fluid, or screws, or any other adjustment than is described above, can not get out of order by ordinary usage, and is always ready for instantaneous action. To render it infallible at all seasons and temperatures has been the inventor's chief anxiety, by the use of such materials for the friction surfaces as could not fail to produce a spark in the most unfavorable weather; and judging from the daily observation of one in our own dwelling during the present summer, at times when the exceedingly damp atmosphere would, if ever, interrupt its action, we are convinced that the present arrangement needs no improvement.

This elegant addition to our household convenience, when placed before the public, (as it

soon will be) will command universal attention and gratification.

The same principle is applied by the inventor in other forms. We have seen five burners of a chandelier simultaneously ignited by one turn of a screw. In this case the friction surfaces have the form of flat discs of about six inches in diameter, and merely raising one from the other with a slight twisting motion causes a spark which is communicated to each burner by a separate wire conductor at the same moment.

Another form is that of a small brass tube enclosing a movable rod or piston, which slides from end to end of the tube as the latter is turned in the hand. The friction caused by the sliding of the piston produces the spark which is communicated to the burner when the tube is brought in juxtaposition with it. By this arrangement any gas jet may be ignited without either match or torch.

This is one of the neatest inventions it has ever been our fortune to witness, and will doubtless bring to its ingenious and philosophical contriver, what he justly deserves, an ample pecuniary return.

Notes and Comments.

Mortality in the Rebel Armies.

We find the following item in regard to mortality in the Rebel army, in one of the Richmond papers, but must confess that we much doubt its correctness if it is intended to include the whole mortality, which must have been much greater than represented here.

"The reported deaths in the Rebel army, returned to the Second Auditor's office at Richmond, up to December 31, 1863, number 57,805. Of these 9504 were Georgians, 8987 Alabamians, 8261 North Carolinians, 6377 Texans, 5943 Virginians, 5367 Mississippians, 4511 South Carolinians, 3039 Louisianians, 1948 Arkansians and 1119 Floridians.

"Literary Privateering" again.

In the REPORTER of May 21st an article was published entitled "Suggestions concerning Aural Surgery" purporting to have been written by a physician in Washington, D. C. In our issue of June 18th we explained how it found admission, having been dishonestly foisted upon us during our absence from home, by a notorious itinerant quack aurist under an assumed name. The case was worse than that. We have before us a pamphlet printed at Berlin in 1855, entitled "*Reform der Ohrenheilkunde*" of which Dr. J. ERHARD is the author. The article "Suggestions

concerning Aural Surgery" is made up chiefly of a garbled translation of Dr. ERHARD'S pamphlet, by which, even as a translation, great injustice is done to that distinguished man, to say nothing of the literary theft. The man who is guilty of such acts is no better than a highway robber, yet such a man is puffed in our daily newspapers as a man of science and skill!

Pension Examining Surgeon.

WM. M. CORNELL, D. D., LL.D., of this city, has been appointed by the Commissioner of Pensions, an Examining Surgeon for Pensions. Dr. CORNELL has for several years kept a young ladies' school in this city, and has recently been appointed Professor of Anatomy, Physiology, and Hygiene, in the Western University of Pennsylvania.

Dr. CORNELL is, we believe, a graduate in medicine and we understand expects again to take upon himself the responsibilities of a practitioner of the healing art. This appointment, however, looks very much, to us, like going outside the medical profession for a person to fill a very important medical appointment.

Correspondence.

FOREIGN.

LETTERS FROM Dr. W. N. COTE.

PARIS, July 21, 1864.

Poisoning by Tobacco.

A curious case of poisoning by tobacco has been related by Dr. CLAUDE BERNARD. A man had wrapped tobacco leaves all around his body on the naked skin in order to smuggle the article across the frontier, but the perspiration caused by walking in hot weather, gave rise to an absorption of the active principles of tobacco through the skin, which led to dangerous symptoms.

Naso-pharyngeal Polypi.

Dr. DELORE discusses in an interesting work the different operations which have been resorted to for extirpating naso-pharyngeal polypi, and deduces the following conclusions: I cite his words textually, "Without pretending to lay down absolute rules, I think it is better not to adopt at the outset any exclusive method, when one is in presence of a naso-pharyngeal polypus. A very simple operation may be at first attempted, and should the first efforts fail, an attempt may be made to perform the resection

of the palatine roof or that of the maxillary in order to bring about a favorable result. The simple incision of the *velum palati* may be done away with, its advantage being of little importance. As regards the resection of the roof, it gives more easy access to the eye, the finger, and caustics. Exploring the pharyngeal roof with the finger may be done in all cases and in general gives more satisfactory results than the mere sight of it. Besides, thanks to the use of the pharyngoscope, there now remains scarcely a single point of the cavity which may not be explored with the eye. The resection of the superior maxillary seems to me the only necessary preliminary operation in extreme cases. The polypus may be with advantage extirpated by means of a crushing instrument. The use of this instrument does away with the necessity of making large openings in order to introduce sharp instruments which have hitherto been employed in performing the extirpation of the polypus." This method of treatment according to Dr. DELORE, renders unnecessary the administration of chloroform, inasmuch as it may be pursued without causing intense pain to the patient.

Topical use of Aloes.

Aloes which is now usually employed but internally, was formerly used externally as well as internally. GALEN looked upon aloes employed externally, as an astringent and as exceedingly useful for closing ulcers. Subsequent to the Greeks, the Arabs, and a goodly number of therapeutists, which succeeded to them until the eighteenth century, used to consider aloes as eminently servicable in the dressing of wounds and ulcers and as capable of favoring and hastening their cicatrization, and even of repressing hæmorrhages brought on by the division of the parts. Surgeons used formerly to employ it frequently, either under the form of an alcoholic solution for washing ulcers, or as a topic, mixed with balsamic substances such as myrrh and incense, in cerates and ointments which were used not only for ancient sores, but also for recent ones. Aloes entered also into the composition of many mixtures employed in wounds, and used to be looked upon as having the property of preventing suppuration, the formation of ulcers, and of helping on the prompt adhesion of the sides of wounds due to sharp instruments. Aloes was one of the ingredients of the famed balsam of the commander of Permes so much resorted to formerly in the dressing of sores, and was also mixed up with several other substances for injection into the eyes in cases of chronic oph-

themia. All these facts seem nearly forgotten and but few practitioners now think of employing aloes externally. Dr. DELIOUX, being struck with the rapidity with which aloetic topics cicatrize wounds in animals, has had the idea of trying them on man, and he has soon found that they may be employed with the same advantageous results. The preparation to which he gives preference is a tincture saturated with aloes and composed as follows:

Aloes, one part.

Alcohol, two parts.

The aloes to be employed should be of the best quality, usually that known under the designation of *aloes socotrina*. The application is made by imbibing lint compresses with the tincture, and then placing them on the wound. It causes but little pain and often none at all. Among the cases in which this method of treatment has succeeded, Dr. DELIOUX particularly mentions the *bed sores*, so often met with in patients attacked with typhoid or cachectic affections, and which are usually so difficult to cure. Dr. DELIOUX dresses them exclusively with alcoholated aloes, and has obtained remarkable cases of success with that treatment.

Therapeutical uses of Electricity.

Generalized electricity, the first which was employed in therapeutics, has been so thoroughly replaced by localized faradization as to cause it almost to disappear from medical practice. Dr. GRUBLER is of opinion that the oversight is altogether unmerited, and he still thinks that general electrization may render good services as a tonic agent and a diffusible stimulant, in cases where the ordinary resources of therapeutics may have failed. He quotes in support of this opinion a very singular case in which this treatment seems to have produced quite remarkable results. It will suffice to place before you a brief summary of this observation, which is interesting in every respect. Such is this summary: progressive muscular atrophy, anaphrodisia, dysthermasia and alcalinuria of the urine, caused by venereal excesses and an immoderate use of spirituous liquors; prolonged and inefficacious treatment by tonics and localized electrization; as a last resort, application of general electricity: sudden return of normal calorification, increase of appetite, excitation of intestinal contractility and of the secretion of the glands annexed to the digestive tube; intermitting acidity of the urine; rapid restoration of strength and marked progress toward muscular entrophy. Electrization was performed by

means of HÆG's instrument, the patient being seated, his feet and hands placed in four vessels filled with salt water in which were plunged the conducting wires.

Convulsions.

The *Giornale di Medico du Torrins* contains a method of treatment often resorted to by Professor BACELLI, of Rome, for arresting convulsions, and which almost invariably succeeds. It consists in applying the thumb and the index finger so placed as to form a span on the temples, whilst the thumb of the right hand is applied to the region of the head corresponding to the occipital foramen; then you strongly press, in an opposite direction, the first from above below, the second from below upward, so as to cause the head to follow a semicircular motion. The patient shrieks out, and the pain ceases at the same time as the convulsions.

Fucus Vesiculosus in Obesity.

Dr. MONVILLE, physician to the ministry of agriculture, commerce, and public works, advocates the use of *fucus vesiculosus* against obesity. This affection is not always the simple results of age, inactivity, and an abundant and succulent nourishment. It is often, especially when it comes on early, the consequence of a general disposition of health, which is susceptible of causing grave, stubborn, and chronic affections. The *fucus vesiculosus* has the advantage of reducing a burdensome deformity, and at the same time of ameliorating the general state which may have been the primary source of the development of the adipose tissue. Obesity has for women especially more deplorable results than the mere disappearance of the elegant proportions of the body. HIPPOCRATES used to attribute sterility to excess of corpulence, and many writers have adhered to this opinion of the father of medicine. Dr. MENILLE relates a case of a lady aged thirty-two years, who, though she had been married for ten years, had not borne any children. He found by a detailed examination of her body, that the uterus in that lady had been slightly deviated by the pressure exercised by the epiploon and the intestines, which was caused by the accumulation in the abdomen of fat. He prescribed her the elixir of *fucus vesiculosus*, and the obesity giving way under this treatment, this lady soon had the joy of bringing forth a fine boy, whose constitution and health are all that would be desired.

Dr. LANGIER has communicated to the Academy of Sciences an interesting case of his, in which he has succeeded in making a suture of

the median nerve on a patient who had met with a severe wound in the left forearm. The patient is doing remarkably well. The observation is exciting considerable interest.

W. N. CÔTE.

News and Miscellany.

Battle for Life between the New and Old Worlds.

A recent number of the *Medical Times and Gazette* contains an extract from the *Scientific Record*, a new popular scientific journal, which contains some facts not only interesting because they are curious, but valuable in a political and economic view: "It would appear that, as in the case of the human inhabitants, there is a law that the new comers should eventually take the place of the native denizens of the soil. W. T. Locke Travers, Esq., F.L.S., an active New Zealand botanist, thus writes from Canterbury: 'You would be surprised at the rapid spread of European and other foreign plants in this country. All along the sides of the main line of road through the plains a *Polygonum aviculare* called "Cow Grass," grows most luxuriantly, the roots sometimes two feet in depth, and the plants sometimes spreading over an area from four to five feet in diameter. The dock *Rumex obtusifolius* or *R. crispus*, is to be found in every river bed extending into the valleys of the mountain rivers, until these become mere torrents. The water-cress increases in our rivers to such an extent as to threaten to choke them altogether. In some of the mountain districts, where the soil is loose, the white clover, *Trifolium repens*, is completely displacing the native grasses, forming a close sward. In fact the young vegetation appears to shrink from competition with these more vigorous intruders.' Dr. Hooker says that he has in vain urged on his colonial correspondents the importance of systematically recording and collecting facts on this important subject. Every problem of the geographical diffusion of plants is directly interfered with by these intruders. Mr. Darwin is the only author who has had the boldness to approach the subject. 'This great naturalist,' says Dr. H., 'believes that the facts hitherto observed favor the supposition that, in the struggle for life between the denizens of the Old continents and the New, the former ones are prepotent; and he attributes this to the longer period during which they have been engaged in strife and the consequent vigor acquired. European weeds have established themselves abundantly in N. America, Australia, and New Zealand, but comparatively few plants of these countries have become naturalized, and ultimately complete weeds in England. We may

hence infer why it is that the indigenous plants of St. Helena and Madeira show no tendency to increase, whilst European and African trees, shrubs, and herbs are rapidly covering these islands.' The rapid propagation of European animals is no less remarkable than that of plants. J. Hart, Esq., Government geologist, Canterbury, writes as follows to Mr. Darwin: 'The native (Maori) saying is, "as the white man's rat has driven away the native rat, so the European fly drives away our own; and as the clover kills our fern, so will the Maories disappear before the white man himself." It is wonderful to observe the botanical and zoological changes which have taken place since Captain Cook first set foot in New Zealand. Some pigs which he and other navigators left with the natives, have increased and run wild in such a way that it is impossible to destroy them. There are large tracts of country where they reign supreme. The soil looks as if ploughed by their burrowing. Some station holders of 100,000 acres have had to make contracts for killing them at 6d. per tail, and as many as 22,000 on a single run have been killed by adventurous parties without any diminution of their number being discernible. Not only are they obnoxious by occupying the ground which the sheep farmer needs for his flock, but they assiduously follow the ewes when lambing, and devour the poor lambs as soon as they make their appearance. Another interesting fact is the appearance of the Norwegian rat. It has thoroughly extirpated the native rat, and is to be found everywhere growing to a very large size. The European mouse follows closely, and what is more surprising, where it makes its appearance, it drives to a great degree, the Norwegian rat away. Amongst other quadrupeds, cattle, dogs, and cats are found in a wild state, but not abundantly. The European house-fly is another importation. When it arrives it repels the blue-bottle of New Zealand, which seems to shun its company. But the spread of the European insect goes on slowly, so that settlers, knowing its utility, have carried it in boxes and bottles to their new island stations.' 'It must be long,' says Dr. Hooker, 'before facts enough to theorize upon can be collected. Meanwhile, the inquiry appears to be, perhaps, the most interesting and important in all biology, and as such, it is most earnestly desired that all who are favorably circumstanced to pursue it, will do so both systematically and carefully.'

Veterinary Medical Association.

The annual convention of the Veterinary Medical Association of the United States, assembled at the Astor House, New York, on the 6th instant. Representatives were present from New York, New Jersey, Pennsylvania, Maine, Massachusetts, Ohio, and Delaware. JOSIAH H. STICKNEY, Esq., of Boston, presided. The objects of the association are to establish mutual fellowship among the members, and to advance the interests of veterinary medicine in America. There is much room for improvement, and we heartily wish the Association success.

MARRIED.

ARNOUX.—DUDLEY.—On Thursday, Sept. 1, at St. Luke's Church, Brooklyn, by the Rector, Edward Francis Arnoux, M. D., and Eliza Anne, second daughter of Mr. Henry Dudley, architect.

LIPPINCOTT.—HAIRER.—On the 26th of June, in Philadelphia, by the Rev. John Chambers, Franklin B. Lippincott and Miss Lucy A. Haines, both of Burlington county, New Jersey.

MOSES.—WHITCOMB.—In Mercer, Maine, by S. B. Walton, Esq., Dr. J. French Moses, of Farmington, and Melissa C., daughter of the late Alvin Whitcomb, Esq.

PROCTER.—PARRY.—On the 18th of August, by Friend's ceremony, at Camden, N. J., in the presence of Mayor P. C. Budd, William Procter, Jr. Pharmacist, of Philadelphia, and Catharine Parry, of Crosswicks, Burlington county, N. J.

RECTOR.—JORDAN.—At the residence of the bride, Jacksonville, Fla., July 26th, by the Rev. L. M. Hobbs, Chaplain U. S. A., Assistant Surgeon P. Rector, 127th New York Volunteers, and Miss Mary E. Jordan, only daughter of Mrs. M. Wallace.

DIED.

BLACK.—At Newark, Ohio, on Wednesday, August 24th, Sarah Lockwood, wife of James R. Black, M. D., and daughter of Rufus Lockwood, of New Rochelle, N. Y.

CAREY.—On the morning of the 19th ult., at Quakertown, Pa. Dr. Samuel Carey, in the 68th year of his age.

CARPENTER.—On Thursday, August 25th, at New Utrecht, L. I., Margaret Smith, wife of Dr. John Carpenter, aged 69 years and 6 months.

ESHELMAN.—On the 23rd ult., at Downingtown, Chester county, Pa., Mary, daughter of Dr. John K. and Fannie Esheleman.

FERNSELER.—On the 21st of August at Jenkintown, Dr. John M. Fernseler, of this city, in the 63rd year of his age.

JARRETT.—On the evening of the 22d of August, of diphtheria, Dr. Marchant M. Jarret, in the 23rd year of his age.

MOAK.—On the 30th of July, at Plessis, Jefferson county, N. Y., Edith May, second, and only remaining child of Dr. S. and M. J. Moak.

RULISON.—Killed in August by a ball from a rebel sharpshooter in the Shenandoah valley, Virginia, Dr. William H. Rulison, Medical Director on Gen. Torbert's staff.

SHERK.—On the 24th ult., Emma, daughter of Dr. J. Henry and Emma Sherk, of this city, aged 7 months.

SMITH.—On the 18th of August, near Jenkintown, Pa., Alfred, infant son of Dr. Henry H. and Mary E. Smith.

WHEELER.—On the 16th of August, at Aspinwall, Central America, Dr. Wheeler of the Vanderbilt steamer *North Star*. Dr. Wheeler was much respected in his capacity of Surgeon and Purser of the New York and Aspinwall Line. He had been suffering from ill-health for a length of time past.

WHITING.—On Thursday, August 18th, at Fort Hamilton N. Y., Harriet B., second daughter of Dr. Alex. B. and Matilda A. Whiting, aged 4 years.

CARPENTER.—On Thursday Sept. 1st, at her father's residence, Chatham Mass., Georgie, youngest daughter of Dr. E. W. and Mary H. Carpenter, aged 20 years 6 months and 17 days.

DOWNING.—On Wednesday evening, Aug. 24th, in Bellefonte, Pa., of dysentery, Sally Downing, daughter of Dr. E. W. and Mary V. Hale, aged 6 years and 4 months.

JACKSON.—On Tuesday, Sept. 6th, at Rockaway N. J., Miss Margaret A. Jackson, daughter of the late Dr. John D. Jackson, deceased.

MARTIN.—On the 2d inst., suddenly, Mrs. Matilda Cooper, wife of Dr. Frederick A. Martin, of Bethlehem, Pa., in the 50th year of her age.

OLCOTT.—On Friday morning, the 2d inst., in Brooklyn, E. D., Dr. Eugene Sands Olcott, in the 23d year of his age.

OTIS.—On the 27th of Aug., in Boston, Surgeon J. H. Otis, U. S. N., in the 34th year of his age.

SWEENEY.—On Tuesday, Sept. 6th, in Philadelphia, Alice, daughter of the late Dr. Hugh and Eliza Ann Sweeney, of this city.

WHITNEY.—On the 16th ult., near Jacksonville, Florida, Acting Assistant Surgeon John N. Whitney, U. S. N. of the U. S. steamer *Norwich*, was drowned while bathing.

WORTHINGTON.—On the 10th inst., in this city, Mary M., wife of Dr. Joshua H. Worthington, and daughter of Thomas Kimber.

METEOROLOGY.

Sept.	5,	6,	7,	8,	9,	10,	11.
Wind.....	N. E.	N. E.	N. E.	E.	W.	W.	S. W.
Weather ...	Cl'dy.	Cl'dy.	Clear.	Cl'dy.	Cl'dy.	Sh'er.	Sh'er.
	Rain.	Rain.				Thun.	Thun.
Depth Rain...		2 in.				Light.	Light.
						2-10	1-10
Thermometer							
Minimum.....	58°	51°	54°	49°	53°	55°	56°
At 8 A. M.....	63	56	60	56	62	69	61
At 12 M.....	64	58	69	66	69	74	64
At 3 P. M.....	64	61	67	64	69	74	67
Mean.....	62.25	56.50	62.50	58.75	63.25	68.00	62.00
Barometer.							
At 12 M.....	29.9	30.1	30.4	30.4	30.1	29.9	29.8
Germantown, Pa.				B. J. LEEDON.			

MORTALITY.

	Philadelphia.	New York.	Baltimore.	Boston.	Providence.
	Week ending	Week ending	Week ending	Week ending	Month of
	September 3.	September 5.	September 6.	September 6.	
Pop'n, (estimated.)	620,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male	180	321	53	75	..
Female	148	237	48	55	..
Adults	164	247	40	56	..
Under 15 years	148	357	56	71	..
Under 2 years	112	380	32	66*	..
Total	316	878	101	130	..
Deaths in 100,000	50.96	57.80	42.08	54.16	..
American	242	406	...	89	..
Foreign	62	172	...	41	..
Negro	29	16	20	2	..
ZYMOTIC DISEASES.					
Cholera, Asiatic .....	...	...	...	...	..
Cholera Infantum	13	91	3	16	..
Cholera Morbus	2	16	...	2	..
Croup	9	9	5	...	..
Diarrhoea	23	41	...	8	..
Diphtheria	10	31	4	4	..
Dysentery	18	30	2	8	..
Erysipelas	1	2	...	...	..
Fever, Intermittent	2	1	4	...	..
Fever, Remittent	1	2	...	...	..
Fever, Scarlet	5	6	...	3	..
Fever, Typhoid	6	29	7	3	..
Fever, Typhus	1	10	...	...	..
Fever, Yellow .....	...	...	...	...	..
Hooping-cough	1	5	...	3	..
Influenza .....	...	...	...	...	..
Measles	3	3	1	...	..
Small Pox	3	6	2	...	..
Syphilis	3	...	...	...	..
SPOKADIC DISEASES.					
Albuminuria .....	...	5	...	...	..
Apoplexy	3	9	...	...	..
Consumption	37	78	11	18	..
Convulsions	11	23	...	3	..
Dropsy	9	20	4	8	..
Gau-shot Wounds	12	...	1	1	..
Intemperance .....	...	1	...	3	..
Marasmus	20	47	...	3	..
Pleurisy .....	...	3	...	...	..
Pneumonia	3	22	...	2	..
Puerperal Fever	1
Scrofula	1	3	...	1	..
Sun Stroke
Violence and Acc'ts	8	16	4	3	..

* Under 5 years.

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